

RECEIVED

M/D 1

2007 MAY - 3 A 11:04

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMAU.S. DISTRICT COURT
MIDDLE DISTRICT ALA

Henry Joiner #1092)
 Full name and prison name of Plaintiff(s))
 v.)
D.T. Marshall)
Gina M. Savage)
Nurse E. Clayton)
Doctor Bates or Baits)
Doctor NICKELS)
Nurse Cobbs)
 Name of person(s) who violated your constitutional rights. (List the names of all the persons.))

CIVIL ACTION NO. 2:07cv380 - MHT
 (To be supplied by Clerk of U.S. District Court)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES No
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES NO
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____
4. Name of judge to whom case was assigned _____
5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending ?) _____
6. Approximate date of filing lawsuit _____
7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Montgomery County Detention Facility; P.O. Box 4599; Montg; Al. 36103

PLACE OR INSTITUTION WHERE INCIDENT OCCURRED Montgomery County Detention Facility

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

	NAME	ADDRESS
1.	D.T. Marshall	Montgomery County Sheriff's Office
2.	Gina M. Savage	Montgomery County Detention Facility
3.	Nurse E. Clayton	" " "
4.	Nurse Cobbs	Of Southern Health Partners
5.	Doctor Bates or Baits	The Director Of Medical
6.	Doctor Nickels	Of Southern Health Partners

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED 03-09-07
until 04/20/07

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: I am being Denied Proper Medical Treatments By The M.C.D.F.

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

After submitting many SICK CALL FORMS, from 03/09/07 to 04/04/07 ; Medical Staff, etc; just neglected and disregarded my please for HELP for my Spinal Condition and Neuralgia Pains and my Eye Sight Problems; there were no Eye Test; X-Rays Done; nothing.

GROUND TWO: Cruel and Unusual Punishment

It is unusual to be Held & EXTRADITED from Dayton, Ohio to Montgomery, Alabama in a Van with my SUPPORTING FACTS: Kind of Neuralgia Spinal Conditions.

I was arrested and Detained by the Dayton, Ohio Sheriff Department on the 25th day January, 2007.

On the 8th of March, 2007 I arrived at M.C.D.F. My Charge was Domestic Violence 2nd; Bond \$20,000.⁰⁰

They say my name is Timmy or Timothy Jainter.

GROUND THREE: Medical Negligence; Medical Malpractice Eye Sight Problems & My Neuralgia Condiction Disregard to my Conditions; etc.

SUPPORTING FACTS: See Copies Of Grievance Decision Forms; Medical Division Charge Sheets from the Montgomery County Detention Facility and from the Montgomery County Sheriff's Office of Dayton, Ohio; My Receipt Copies show moneys deducted from my Inmate account for Medical Services and they tell me I must purchase any Pain Medication from the Canteen Commissary After they have taken all Money Out of it!

"SEE Attached Sheets"

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU.
MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

I want the Court to grant me the sum
of \$500,000.00 for the Pain and Mental Stress
they put me through needlessly; for the loss of
my home; car; truck; etc; The Mental and
Physical Anguish; agony; torture; torment; etc;
I want the resignations of all envolved.

Henry Taylor
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____.
(Date)

Signature of plaintiff(s)

Henry Joiner #1092
M.C.D.F. Cell 3, A-3
P.O. Box 4599
Montgomery, AL 36103

MAY 2007

2007



Office of The Clerk
United States District Court
P.O. Box 4599
Montgomery, Alabama 36103

Part #1

Documentation Of All Attached - Sheets: Etc

Attach Sheet #1, 2, + 3 of : are co-pay Charge documents of Medical Services Provided by the Montgomery County Sheriff's Office for Spinal Pain etc; in Dayton, Ohio.

The Dir; of Medical told me that the only thing they could do for me about my Medical Pains and Spinal Conditions were to Prescribed me 800n Ibuprofen; there would be no X-Rays; no referral to Neuralgist; etc:

They told me that I was a Problem of the Montgomery County Detention Facility of Montgomery Alabama; "not their's". Any other Medical Problems which may need referral would have to be done by, Montgomery, Alabama... They are just Holding Me.

The Medical Director gave me the name of (3) three free Health Care Service Division to go to for fast help for my Spinal Conditions when I get back home to Dayton, Ohio. Notice the name in the Blank space for Prisoner Name + Prisoner Signature
Attach Sheet #4 of : is the Grievance

Decision by the M.C.D.F. which I did not agree with. It is some written proof that I had to be writing and requesting Medical Treatment for my feet; my Spinal Condition; my teeth; and eyes in order to file a Grievance on this Facility's Medical Staff; etc.

Part #2

Documentation Of All Attached-Sheets;etc;

Attach Sheet #5 of : is a written request from me to the clerk of the Grievances, trying to explain my points and needs for proper treatment.

Attach Sheet #6 of : is to show this Court my Booking Date 03-08-07; my Charge; my Bond; and the fact that I have been held in some Jail from Jan. 25, 2007 until now without seeing or talking with an Attorney about all Matters, did not see a Judge until 03-29-07.

Attach Sheet #7 of : is help to show that I was still filling-out Sick Call Forms for Medical help for Pain; my teeth; my Eye Sight; My Spinal Problems, etc.

It is also proof that they lied about the Doctor prescribing me something for Pain at all. I had(1) tooth pulled and March of 2007 by the Dentist of the Facility who Prescribed me 800 mg. Ibuprofen for Gum-Pains for(3) days each visite.

This sheet also supports the fact that I was seen by this Facility's Doctor from Southern Health Partners on 03/30/07 and he Prescribed me Medication for pain, but the Prescription was never filled because that Doctor stopped Working for M.C.D.F. and Nursing Staff told me if I needed more pain Medication to get it L... purchasing Talcum from the store

Part #3

Documentation Of All Attached-Sheets;etc;

Attach Sheets #8 & #9 of : Copies Of M.C.D.F. Medical Division Charge Sheet for Medical Services etc; these sheets also show facts that this Facility and Medical Staff along with it's Doctors, willingly and Openly, disregarded the Torment of Mental + Physical Anguish of Agony and Torture of Pain and Mental Stress their Negligence was adding to my Condition. My body is in pain 24-7....

Charge Sheet dated 04/04/07; after being informed of My Pains + Condition, etc; Doctor Bates decided to give me a Prescription for White Petroleum Jelly, and was Charge \$13.00.

Charge Sheet dated 04/04/07; sometime before I saw Doctor Bates, the Dentist gave me a Prescription for Pain and infection for the tooth he had pulled on 03/28/07 + 03/21/07

Charge Sheets dated March 28 + 21, 2007 were Dentist Visits + Appointments; 3 day Prescription

Charge Sheets dated March 20th 2007 was my 2nd Visit to the Nurses Station to ask for something for Chronic Pains in my Neck, Back, etc; blurd eye visions; treatment for my feet; and asked to be put on the list see the Doctor to be referred to someone for treatment for my eyes and my Spinal Condition.

Part #4

Documentation Of All Attached-Sheets; etc

Attach Sheets #10, 11, 12 of : are My Receipts shown as proof and fact as to the Moneys in my account they take as they Please and have the Nerve to tell me to order Pain Medication from the store:

On 04/20/07, Doctor Bates saw me for my eye complaint and my Spinal Complaint; I told him my problems again and asked to be referred to an Eye Doctor & referral to a Neuralgist for treatment; his answer was I am going to give you a Prescription for pain and when it runs out you will have to order pain Medication from the Store, you will not be referred to other Doctors; etc; NO X-Rays; No nothing....

Nurse Clayton was the very first Medical Staff employee at M.C.D.F. I saw about my Medical Problem which were, my feet; me Eye Sight; Spinal Conditions Acute Chronic Pains; and Teeth Problems, on 03/09/07 Nurse Clayton lied to me about putting me on the list to see the Dentist or Doctor and when I asked her two days later, she stated that she had forgotten to do so.

Nurse Clayton has a sleeping-disorder, she went to sleep several times on me the while doing my Medical interview on 03/09/07

MONTGOMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

*Attach sheet #1 of #*Prisoner Name: Jointer, Tammy Henry Jacket #: 7-2517DOB: 9/04/62 Housing Unit: N21Problem/Complaint: back pain

<input type="checkbox"/>	Paramedic Sick Call	(M1)	\$3.00
<input checked="" type="checkbox"/>	Physician Sick Call	(M2)	\$5.00
<input type="checkbox"/>	Dental Clinic	(M3)	\$5.00
<input checked="" type="checkbox"/>	Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00 x # <u>1</u> = \$ <u>3.00</u>
<input type="checkbox"/>	Other: _____	(M5)	\$ _____.00
<input type="checkbox"/>	Health Care Staff Referral		N/C
<input type="checkbox"/>	Federal Prisoner		N/C

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X Tammy Henry

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them: _____

Paramedic Signature: _____ DOB: 2/15/07Dir. of Medical Signature: Bunke Elliston DOB: 2/15/09Account Signature: _____ DOB: 1/1/1White Original: Medical FileYellow Copy: AccountantPink Copy: Prisoner

① Cassano Clinic
 ② Drew Clinic
 ③ Good Samaritans Clinic

TGMOMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

Jacket #: 07-2877

Housing Unit: N21

<input checked="" type="checkbox"/> Paramedic Sick Call	(M1)	\$3.00
<input type="checkbox"/> Physician Sick Call	(M2)	\$5.00
<input type="checkbox"/> Dental Clinic	(M3)	\$5.00
<input type="checkbox"/> Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00 x # _____ = \$ _____
<input type="checkbox"/> Other: _____	(M5)	\$ _____.00
<input type="checkbox"/> Health Care Staff Referral		N/C
<input type="checkbox"/> Federal Prisoner		N/C

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them:

Paramedic Signature: John G. Johnson

DOB: ____ / ____ / ____

Dir. of Medical Signature: John G. Johnson

DOB: ____ / ____ / ____

Account Signature: John G. Johnson

DOB: ____ / ____ / ____

White Original: Medical File

Yellow Copy: Accountant

Pink Copy: Prisoner

MONTGOMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

*Attach sheet #3 of #*Prisoner Name: Joiner, HenryJacket #: 07-2517DOB: 9/24/62Housing Unit: N21Problem/Complaint: PAIN / DENTAL

<input checked="" type="checkbox"/>	Paramedic Sick Call	(M1)	\$3.00
<input type="checkbox"/>	Physician Sick Call	(M2)	\$5.00
<input type="checkbox"/>	Dental Clinic	(M3)	\$5.00
<input checked="" type="checkbox"/>	Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00 x # <u>1</u> = \$ <u>3.00</u>
<input type="checkbox"/>	Other: _____	(M5)	\$__.00
<input type="checkbox"/>	Health Care Staff Referral		N/C
<input type="checkbox"/>	Federal Prisoner		N/C

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X Henry Joiner

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them: _____

Paramedic Signature: [Signature]DOB: 2/14/07

Dir. of Medical Signature: _____

DOB: ____ / ____ / ____

Account Signature: _____

DOB: ____ / ____ / ____

White Original: Medical File

Yellow Copy: Accountant

Pink Copy: Prisoner

(5) Day Prescription for Pain

Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: TOWER, Henry R/S 3/M DOB 7/24/66

Booking No. 1092 Floor 3A Cell 3

SERVICES

XRay \$10.00	Doctor Visit \$10.00	<input checked="" type="checkbox"/> Nurse Visit \$10.00
Lab \$10.00	Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$5.00

Nursing Staff Signature: J. C. Miller, RN Date: 5/21/07

Inmate Signature: X Henry Tower Date: 5/21/07

White Original Medical File Yellow Copy, Accounts Manager Pink Copy, Inmate

Montgomery County Detention Facility

Dentist pulled (5) teeth (3) Day Prescription for Pain
Medical Division Charge SheetInmate Name: Tanner Henry R/S P/M DOB _____Booking No. 1094 Floor 3A Cell _____**SERVICES**

XRay \$10.00

Doctor Visit \$10.00

Nurse Visit \$10.00

Lab \$10.00

Dentist Visit \$10.00

Prescription \$3.00

Nursing Staff Signature D. H. Miller Date 5-21-07Inmate Signature Henry Henry Date _____

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Dentist pulled (6) teeth (3) Day Prescription for Pain
Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: Henry Toliver R/S: B/M DOB: _____

Booking No. 1096 Floor _____ Cell _____

SERVICES

XRay \$10.00

Lab \$10.00

Doctor Visit \$10.00

DentistVisit \$10.00

Nurse Visit \$10.00

X Prescription \$3.00

Nursing Staff Signature Debra J. Miller Date 3-28-07

Inmate Signature Henry Toliver Date 3-28-07

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Dr. Bates Gave me A Prescription for Petroleum Jelly.
Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: JOHNSON, KAREN R/S B/27 DOB 5/21/71

Booking No. 1092 Floor 5A Cell

SERVICES

XRay \$10.00

✓ Doctor Visit \$10.00

Nurse Visit \$10.00

Lab \$10.00

DentistVisit \$10.00

Prescription \$3.00

Nursing Staff Signature G. Smith C.N. Date 5/6/07

Inmate Signature Karen Johnson Date 5/6/07

White Original Medical File

Yellow Copy Accounts Manager

Pink Copy Inmate

Dentist gave me a Prescription for Pain + Infection for 3 days
Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: Henry Tandy R R/S B/M DOB 10/10/62

Booking No. 1098 Floor 3A3 Cell _____

SERVICES

XRay \$10.00
Lab \$10.00

Doctor Visit \$10.00
Dentist Visit \$10.00

Nurse Visit \$10.00
X Prescription \$3.00

Nursing Staff Signature John M. Smith Date 5-14-07

Inmate Signature Henry Tandy R Date 5-14-07

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Dr. Bates: For High Blood Pressure Medication Change,
Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: James, Maxine R/S B/M DOB

Booking No. 1092 Floor 3 Cell

SERVICES

XRay \$10.00

Lab \$10.00

Doctor Visit \$10.00

Dentist Visit \$10.00

Nurse Visit \$10.00

Prescription \$3.00

Nursing Staff Signature E. Motes, LPN Date 1/23/2007

Inmate Signature X. James, Maxine Date 1/23/2007

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

***** RESIDENT COPY *****

Intake
Receipt # D9048
D9049

Montgomery County Jail
03/08/2007 01:11:46
ST 004 / CD 4 / OPR MEJ

JOINER

HENR

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 1 B 1

Open Amount : \$1.24

Cash

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$5.00
	Collected:	\$0.49
	New Bal :	\$4.51

Total Collected : \$0.49

Debt Balance : \$26.51
Commissary Balance : \$0.75

***** RESIDENT COPY *****

Add Money
Receipt # C138890
C138891

Montgomery County Jail
03/13/2007 15:43:15
ST 003 / CD 3 / OPR WCK

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$25.00

Date: 3-13-07 J PITTMAN
Money: \$25.00 ID: 95581352

Comment :

Receivable:

Dr. Visit - Old Bal : \$4.51
Collected: - \$4.51
New Bal : \$0.00

Prescription - Old Bal : \$12.00
Collected: - \$5.49
New Bal : \$6.51

Total Collected : \$10.00

Debt Balance : \$16.51
Commissary Balance : \$15.75

***** RESIDENT COPY *****

Add Money
Receipt # C138984
C138985

Montgomery County Jail
03/15/2007 11:29:01
ST 003 / CD 3 / OPR YR

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$20.00

Sender Name : j. pittman
Money Order #: 4979558130

Comment :

Receivable:

Prescription -	Old Bal :	\$6.51
	Collected:	- \$6.51
	New Bal :	\$0.00

Nurse -	Old Bal :	\$10.00
	Collected:	- \$1.49
	New Bal :	\$8.51

Total Collected : \$8.00

Debt Balance :	\$8.51
Commissary Balance :	\$12.12

***** RESIDENT COPY *****

Add Money/
Receipt # C139761
C139762

Montgomery County Jail
04/02/2007 12:27:53
ST 003 / CD 3 / OPR YR

INMATE:

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$25.00

Sender Name :
Money Order #: 56331633050

Comment :

Receivable:

Nurse -	Old Bal :	\$8.51
	Collected:	- \$8.51
	New Bal :	\$0.00

Total Collected : \$8.51

Debt Balance :	\$0.00
Commissary Balance :	\$16.66

***** RESIDENT COPY *****

LP

**Receivable Charge
Receipt # B88064**

Montgomery County Jail
04/04/2007 15:28:18
ST 002 / OPR YR

**JOINER,
HENRY**

Booking Number : 1092
Date of Birth : 09/24/1962
Location :

3A-0

Nurse -

Old Bal	:	\$0.00
Charged	:	+ \$10.00
Collected	:	- \$3.66
New Bal	:	\$6.34

Comment : SERVICE ON 03/20/07

Prescription -

Old Bal	:	\$0.00
Charged	:	+ \$3.00
Collected	:	- \$3.00
New Bal	:	\$0.00

Total Collected :

\$6.66

Debt Balance :

Commissary Balance :

\$6.34

\$10.00

***** RESIDENT COPY *****

Receivable Charge *CD*
Receipt # B88070

Montgomery County Jail
04/04/2007 15:31:25
ST 002 / OPR YR

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dentist Visit - Old Bal : \$0.00
 Charged : + \$10.00
 Collected : - \$4.00
 New Bal : \$6.00

Comment : SERVICE ON 03/21/07

Prescription - Old Bal : \$0.00
 Charged : + \$3.00
 Collected : - \$0.00
 New Bal : \$3.00

Total Collected : \$4.00

Debt Balance : \$15.34
Commissary Balance : \$6.00

***** RESIDENT COPY *****

**Receivable Charge
Receipt # B88096**

Montgomery County Jail
04/04/2007 15:54:03
ST 002 / OPR YR

**JOINER,
HENRY**

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dentist Visit -	Old Bal :	\$6.00
	Charged :	+ \$10.00
	Collected :	- \$2.40
	New Bal :	\$13.60

Comment : SERVICE ON 03/28/07

Prescription -	Old Bal :	\$3.00
	Charged :	+ \$3.00
	Collected :	- \$0.00
	New Bal :	\$6.00

Total Collected :	\$2.40
-------------------	--------

Debt Balance :	\$25.94
Commissary Balance :	\$3.60

***** RESIDENT COPY *****

Add Money
Receipt # C139958
C139959

Montgomery County Jail
04/05/2007 12:23:35
ST 003 / CD 3 / OPR YR

DD

JOINER,

HENRY

Bucking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$25.00

Sender Name : CANT READ NAME
Money Order #: 56331630894

Comment :

Receivable:

Dentist Visit -	Old Bal :	\$13.60
	Collected:	- \$10.00
	New Bal :	\$3.60

Total Collected :	\$10.00
-------------------	---------

Debt Balance :	\$15.94
Commissary Balance :	\$15.50

***** RESIDENT COPY *****

**Receivable Charge
Receipt # B89000**Montgomery County Jail
04/13/2007 10:18:46
ST 002 / OPR YR**JOINER,
HENRY**Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dr. Visit -	Old Bal :	\$0.00
	Charged :	+ \$10.00
	Collected :	- \$0.71
	New Bal :	\$9.29
Comment : service on 04/04/07		
Prescription -	Old Bal :	\$6.00
	Charged :	+ \$3.00
	Collected :	- \$0.00
	New Bal :	\$9.00

Total Collected : \$0.71

Debt Balance : \$28.23
Commissary Balance : \$1.07

***** RESIDENT COPY *****

Receivable Charge
Receipt # B89006Montgomery County Jail
04/13/2007 10:21:25
ST 002 / OPR YR

JOINER,

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962 3A-0
Location :

Prescription -	Old Bal :	\$9.00
	Charged :	+ \$3.00
	Collected :	- \$0.42
	New Bal :	\$11.58
Comment : service on 04/04/07		
Total Collected :		\$0.42

Debt Balance :	\$30.81
Commissary Balance :	\$0.65

***** RESIDENT COPY *****

Add Money
Receipt # C140926
C140927

Montgomery County Jail
04/25/2007 13:32:58
ST 003 / CD 3 / OPR YR

JOINER,

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962 3A-0
Location :

Add Amount : \$25.00

Sender Name : can't read name
Money Order #: 5634212902

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$1.29
	Collected:	- \$1.29
	New Bal :	\$0.00
Dentist Visit -	Old Bal :	\$3.60
	Collected:	- \$3.60
	New Bal :	\$0.00
Prescription -	Old Bal :	\$11.58
	Collected:	- \$5.11
	New Bal :	\$6.47

Total Collected : \$10.00

Debt Balance : \$12.81
Commissary Balance : \$27.65

***** RESIDENT COPY *****

Add Money
Receipt # C140904
C140905

Montgomery County Jail
04/25/2007 10:48:20
ST 003 / CD 3 / OPR YR

JOINER,

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$20.00

Visitor Name : net murrell
Money Order #: 10544100570

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$9.29
	Collected:	- \$8.00
	New Bal :	\$1.29

Total Collected : \$8.00

Debt Balance :	\$22.81
Commissary Balance :	\$12.65

Attach Sheet #4 & 5

GRIEVANCE DECISION

GRIEVANCE NO. 20070070 CELLBLOCK: 3AINMATE NAME: Henry Joiner BOOKING NO. 1092

I have investigated your grievance dated 03/18/07 and found that, per the nursing supervisor, medical received a "SICK CALL SLIP" from you on 03/19/07. You were seen on 03/20/07 and prescribed cream for your feet and something for pain. Per the transfer sheet, the only medication you are on is for blood pressure and you are receiving this. You saw the dentist on 03/21/07, two days after your request was received.

You are NOT being denied medical attention!

Signature of Grievance Clerks: A Davis Date: 03/22/07

RECEIVED 03/26/07

Montgomery County Detention Facility

INMATE REQUEST FORM

DATE: March 23, 2007TIME: 11:00 AM.NAME: Henry JoinerBOOKING # 1092CELLBLOCK: 3A/B3Please check ONLY ONE of the following:

- LAUNDRY
 RECREATION
 CHARGES/BOND INFORMATION
 MAIL
 CANTEEN
 ATTORNEY FORM - (Hardship Affidavit)
 COURT REQUEST FORM

- PROPERTY
 VISITATION
 FOOD SERVICE
 GENERAL LIBRARY
 MONEY INFORMATION
 OTHER

Briefly state your request

To The Grievance Clerk; I would like to have a copy of that grievance dated 03-18-07; to have filed with my Civil Complaint; I never stated, I was being denied Medical Attention. My Grievance was "I am Being Denied **PROPER MEDICAL TREATMENT**"

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

Date: 03/26/07

ACTION TAKEN

Time:

We do not make copies of grievances for inmates. Your attorney will have to request them through the proper channel.

Action Taken by: J Davis

Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.

Request Forms will be completed and placed in inmate's file.

Inmates will receive a copy when a written response is required.

Attack Sheet #6 of

Montgomery County Detention Facility
INMATE REQUEST FORM

DATE: March 23, 2007TIME: 10:00 am.NAME: Henry JoinerBOOKING # 1092CELLBLOCK: 3g Ag3Please check ONLY ONE of the following:

- LAUNDRY
 RECREATION
 CHARGES/BOND INFORMATION
 MAIL
 CANTEEN
 ATTORNEY FORM - (Hardship Affidavit)
 COURT REQUEST FORM

- PROPERTY
 VISITATION
 FOOD SERVICE
 GENERAL LIBRARY
 MONEY INFORMATION
 OTHER

Briefly state your request

I want to speak with someone about when my court Date is set; my rights to a fast and Speed Trial; this States Due Process Clause ect; I also would like a copy of this request along with an Inmate Complaint Form and or a Grievance Form

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLYDate: 03/26/07

ACTION TAKEN

BK 03/08/07

Time:

CC07-371 Domestic Violence 2nd Bond \$20,000.00

If you do not have an Attorney, but want one appointed for you, send request with "ATTORNEY FORM" checked.

May request Preliminary within first 30 days.

Action Taken by: Davis

Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP*Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.**Request Forms will be completed and placed in inmate's file.**Inmates will receive a copy when a written response is required.*

Revised 11/06

Montgomery County Detention Facility
INMATE REQUEST FORM

DATE: 03-10-07 TIME: 4:00 AM
 NAME: Henry Joiner BOOKING #: 1092 CELLBLOCK: 3,A,3

Please check ONLY ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> PROPERTY |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> VISITATION |
| <input type="checkbox"/> CHARGES/BOND INFORMATION | <input type="checkbox"/> FOOD SERVICE |
| <input type="checkbox"/> MAIL | <input type="checkbox"/> GENERAL LIBRARY |
| <input type="checkbox"/> CANTEEN | <input type="checkbox"/> MONEY INFORMATION |
| <input checked="" type="checkbox"/> ATTORNEY FORM - (Hardship Affidavit) | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> COURT REQUEST FORM | |

Briefly state your request

I've been here sence the 8th of March and I am requesting an Attorney Form because I can not afford one.

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

Date: 03/12/07 ACTION TAKEN: BK 03/08/07 Time: _____

G506-100241 Domestic Violence 2nd Bond \$120,000.00.

Complete the attached forms and PLACE BOTH FORMS in handmail box - Do not REMOVE STAPLE!

Action Taken by: J. Davis
Signature

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Montgomery County Detention Facility

INMATE REQUEST FORM

DATE: 03/27/07

TIME: 5:00 PM.

NAME: Henry Joiner

BOOKING # 1092

CELLBLOCK: 3083

Please check ONLY ONE of the following:

 LAUNDRY PROPERTY RECREATION VISITATION CHARGES/BOND INFORMATION FOOD SERVICE MAIL GENERAL LIBRARY CANTEEN MONEY INFORMATION ATTORNEY FORM - (Hardship Affidavit) OTHER COURT REQUEST FORM

Briefly state your request.

I have already filed for an "Attorney" on the 10th of March 2007, and on the same day requested on another form; for A Bond Hearing; and on the same day request on another form for A Preliminary Hearing etc; Again I AM REQUESTING ALL THE ABOVE.

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

Date: 03/28/07

ACTION TAKEN

Time:

Requests sent to District Court 03/14/07.
 CAN NOT SEND REQUEST MORE
 THAN ONE (1) TIME!

Action Taken by:



Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

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Revised 11/06

GRIEVANCE DECISION Attach Sheet #7 of 7

GRIEVANCE NO. 20070075

CELLBLOCK: 3A

INMATE NAME: Henry Joiner

BOOKING NO. 1092

Per Medical, you were given a 3-day prescription for Ibuprofen 800mg on 03/28/07. This prescription ran out on 03/31/07; therefore, you were NOT denied your medication on 04/01/07.

You must put in "SICK CALL SLIP" to see the doctor if you need more pain medicine or purchase Tylenol from the store.

Signature of Grievance Clerks: I Davis Date: 04/04/06